



**Kiry K. Gray**  
District Court Executive / Clerk of Court  
350 West 1st Street, Suite 4311  
Los Angeles, CA 90012

**United States District Court**  
**Central District of California**  
**Office of the Clerk**

**Cristina M. Squieri Bullock**  
Chief Deputy of Administration  
350 West 1st Street, Suite 4311  
Los Angeles, CA 90012

**Sara Tse Soo Hoo**  
Chief Deputy of Operations  
255 East Temple Street, Suite TS-134  
Los Angeles, CA 90012

February 02, 2023

Kellen J. Clarke  
5401 Capistrano Avenue  
Atascadero, CA 93422

Dear Sir or Madam:

Your complaint has been filed and assigned civil case number 2:23-CV-00780=ODW-MRW

Upon the submission of your civil rights complaint, it was noted that the following discrepancy exists:

You did not pay the appropriate filing fee of \$402.00, which includes an administrative fee of \$52.00. Submit a cashier's check, certified bank check, business or corporate check, government-issued check, or money order drawn on a major American bank or the United States Postal Service payable to *Clerk, U.S. District Court*. The Clerk's Office will also accept credit cards (Mastercard/Visa, Discover, American Express) for filing fees and miscellaneous fees. Credit card payments may be made at all payment windows where receipts are issued.

If you are unable to pay the entire filing fee at this time, you must sign and complete this Court's *Request to Proceed without Prepayment of Filing Fees with Declaration in Support* (Form CV-60P) in its entirety. Enclosed you will find this Court's current *Request to Proceed without Prepayment of Filing Fees with Declaration in Support*, which includes a *Certificate of Authorized Funds* form. Correctly completed forms and/or payments may be returned to any of the following addresses:

United States Courthouse  
255 East Temple Street, Suite TS-134  
Los Angeles, CA 90012

United States Courthouse  
411 West Fourth St., Room 1053  
Santa Ana, CA 92701-4516

United States Courthouse  
3470 Twelfth St., Room 134  
Riverside, CA 92501

If you do not respond within THIRTY DAYS from the date of this letter, your case may be dismissed.

Sincerely,

Clerk, U. S. District Court

By: Erick\_Estrada@cacd.uscourts.gov  
Deputy Clerk

encls.

**UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA**

CASE NUMBER

PLAINTIFF/PETITIONER

v.

DEFENDANT(S)

**PRISONER'S REQUEST TO PROCEED WITHOUT  
PREPAYMENT OF FILING FEES WITH DECLARATION  
IN SUPPORT**

**INSTRUCTIONS:** This form has two sections. Everyone who submits this form to the Court must complete Section 1, answering all questions and signing to declare, under penalty of perjury, that the answers given are true. Whether Section 2 must be completed depends on the institution where you are confined. If you are incarcerated at:

PLACE OF INCARCERATION	INSTRUCTIONS
California State Prison, Los Angeles County California Men's Colony California Institution for Men California Institution for Women California Rehabilitation Center Chuckwalla Valley State Prison Ironwood State Prison	DO NOT COMPLETE SECTION 2. Leave Section 2 blank. Do NOT have the institution fill out Section 2 and do NOT attach a certified copy of your prison trust account statement. After you submit this application, the Court will (if necessary for your case) direct the California Department of Corrections & Rehabilitation to submit a certified prison trust account statement for you directly to the Court.
ANY OTHER INSTITUTION	Have your institution COMPLETE SECTION 2 and return the signed form and a certified copy of your prison trust account statement to you. Send the signed form and the certified trust account statement to the Court with your complaint.

**SECTION 1**

1. Where are you currently incarcerated? \_\_\_\_\_

2. Are you currently employed in prison? ☐ Yes ☐ No

If the answer is yes, state the number of hours you work per week and the hourly rate of pay:

3. Have you received, within the past twelve months, any money from any of the following sources?

Business, profession or form of self-employment? ☐ Yes ☐ No

Rent payments, interest or dividends? ☐ Yes ☐ No

Pensions, annuities or life insurance payments? ☐ Yes ☐ No

Gifts or inheritances? ☐ Yes ☐ No

Any other income (other than listed above)? ☐ Yes ☐ No

Loans? ☐ Yes ☐ No

If the answer to any of the above is yes, describe such source of money and state the amount received from each source during the past twelve (12) months:

4. Do you own any cash, or do you have money in a checking or savings account? (Include any funds in prison accounts, if applicable.) ☐ Yes ☐ No

If the answer is yes, identify each account and separately state the amount of money held in each account for each of the *six (6) months* prior to the date of this declaration.

\_\_\_\_\_

5. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☐ No

If the answer is yes, describe the property and state its approximate value: \_\_\_\_\_

\_\_\_\_\_

6. In what year did you last file an Income Tax Return? \_\_\_\_\_  
Approximately how much income did your last tax return reflect? \_\_\_\_\_

7. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support:
- \_\_\_\_\_
- \_\_\_\_\_

#### DECLARATION AND AUTHORIZATION

By signing below, I declare under penalty of perjury that:

1. I am the plaintiff/petitioner in this case;
2. because of my poverty, I am unable to pay the full costs of these proceedings or to give security therefor;
3. I believe that I am entitled to redress; and
4. all answers given above are true, correct, and complete.

I understand that a false statement or answer to any question in this declaration may subject me to penalties for perjury, which is punishable by a term of imprisonment of up to five (5) years and/or a fine of \$250,000.

I also understand that, unless my request to proceed without prepayment of filing fees relates to a petition for habeas corpus relief, if my request is granted **I will be required to pay the full amount of the filing fees for this case in installments over time**, regardless of my forma pauperis status or whether I am successful in this case. I therefore authorize the prison officials at this institution to assess, collect, and forward to the Court the full amount of these fees, in monthly payments based on the average of deposits to or balance in my prison trust account, as provided in 28 U.S.C. § 1915.

I also authorize my institution to provide to the Court a certified copy of my prison trust account statement, for activity covering the last six months, if the Court contacts my institution to request this information.

*Please indicate the city or county and the state where you are located at the time you sign this declaration, then date and sign below.*

\_\_\_\_\_  
City or County

\_\_\_\_\_  
State

**I declare under penalty of perjury that the foregoing is true and correct. Executed on:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff/Petitioner (Signature)



**SECTION 2**

*DO NOT COMPLETE THIS SECTION IF  
THE PLAINTIFF/PETITIONER IS INCARCERATED AT ONE OF THE FOLLOWING INSTITUTIONS:*

*California State Prison, Los Angeles County  
California Men's Colony  
California Institution for Men  
California Institution for Women  
California Rehabilitation Center  
Chuckwalla Valley State Prison  
Ironwood State Prison*

**CERTIFICATE OF AUTHORIZED OFFICER**

I hereby certify that \_\_\_\_\_, the Plaintiff in this case, has credit in the sum of \$ \_\_\_\_\_ on account at \_\_\_\_\_, the institution where Plaintiff is confined.

I further certify that during the past six months the Plaintiff's average monthly balance was \$ \_\_\_\_\_. I further certify that during the past six months the average of monthly deposits to the Plaintiff's account was \$ \_\_\_\_\_.

A certified copy of the Plaintiff's trust account statement for the last six (6) months is attached.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Officer of Institution (Signature)

\_\_\_\_\_  
Authorized Officer of Institution (Print Name)